

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 870

CERTIFICATE OF DEATH

Reg. Dist. No. 12652 253

1. PLACE OF DEATH:

County Queen AnneCity or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Queen AnneCity or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Ida M. Bright

3. (b) Social Security Number

4. Sex

7

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widowed

6.(b) Name of husband or wife

James B. Bright

8.(c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

Jan 2 - 1863

8. AGE:

83

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Stevensville

(Town, county, and state)

10. Usual occupation

House Wife

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

Address

17.

(Burial, cremation, or removal, which?)

Date thereof

Dec 29 45
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19.

(Date rec'd by registrar)

19.

19 45

19.

19 45

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 27 1945, at 11 55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 1 1934, to Dec. 27 1945.and that I last saw him alive on Dec. 27 1945.

Immediate cause of death

Paralysis of the spine
(Paralysis agitans)

DURATION

about 10 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public places (where?) _____

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed 12/29/45

RECEIVED

JAN 10 1946

BURLINGTON

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 458

CERTIFICATE OF DEATH

12653

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne'sCity or town Dove Point
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Dove Point
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2. (a) If veteran, name war 10

3. (a) FULL NAME

Axel Anton Most

3. (b) Social Security Number

none4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married6. (b) Name of husband or wife Mabel S. Most6. (c) If alive, give age 59 years7. Birth date of deceased (mo., day, yr.) Oct. 9. 18688. AGE: Years 77 Months 1 Days 26 It less than one day _____ hrs. _____ min.9. Birthplace Tromsheim Norway
(Town, county, and state)10. Usual occupation Ship master (retired)11. Industry or business dredge12. Name Unknown Most13. Birthplace Norway14. Maiden name Unknown15. Birthplace Norway16. Informant William W. MostAddress Delaware City Del.17. Burial Burial Date thereof 12/7/45
(Burial, cremation, or other method) (month) (day) (year)Cemetery or crematory BaltoLocation " Md.18. Funeral director William Cook IncAddress 1217 St. Paul St.19. 12/5/45 7C Stevens
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 5 1945 at 7 55 A. M.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from May 1945 to Dec 5 1945and that I last saw him alive on December 4 1945Immediate cause of death carcinoma of DURATION aboutoesophagus 4 yearsDue to and pharynxPrimary carcinoma of pharynx.Due to chole.

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operation Sept. 1941 Exploratorylaparotomy Date of op. Sept. 1941Autopsy results Dr. S. McGuire Hosp. BaltimorePHYSICIAN: Please underline the cause to which death should be charged statistically. Med

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Theodor Sattelmaier M.D.Address Stevensville M. D. or other _____Date signed 12/5/45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for the change of date of death is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12654

FILE No. I O 1 APR 3 - 1946

CERTIFICATE OF DEATH

Reg. Dist. No. 21-3

1. PLACE OF DEATH:

County Queen Anne's

City or town Chester
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne's

City or town Chester
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Baby Pearson

3. (b) Social Security Number

4. Sex

male

5. Color or race

B

6. (a) Single, married, widowed, or divorced

6. (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.)

8. AGE:

Years

Months

Days

It less than one day

about 1 hr. min.

9. Birthplace

(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name

Benjamin Pearson

13. Birthplace

Queen Anne's

MOTHER

14. Maiden name

Thelma Landrum

15. Birthplace

Queen Anne's

16. Informant

Benjamin Pearson

Address

Chester md

17. Buried

(Burial, cremation, or removal. Which?)

Date thereof

Dec 21, 1945
(month) (day) (year)

Cemetery or crematory

Location

18. Funeral director

Address

19. Dec 22, 1945

(Date rec'd by registrar)

L. C. Thomas

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 21/1945 at 10:45 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

_____ 19____, to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death

DURATION

This baby was about one hour old when it died

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Harriett Stansbury midwife

M. D. or other

Address

Stevensville md

Date signed Dec 22, 1945

CERTIFICATE OF DEATH

RECEIVED
JAN 2 1946
BUREAU V A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County Queen AnneCity or town Ruthsburg
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County Queen AnneCity or town Ruthsburg
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

John R. Robinson

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

8. (b) Name of husband or wife

Inez B. Robinson

6. (c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.)

Sept 30-1865

8. AGE:

Years

Months

Days

If less than one day

802-

hrs.

min.

9. Birthplace

Maryland

(Town, county, and state)

10. Usual occupation

Retired farmer

11. Industry or business

FATHER

12. Name

Edward Robinson

13. Birthplace

Don't know

14. Maiden name

Emme Mildred

15. Birthplace

Don't know

16. Informant

Mrs Inez Robinson (wife)

Address

Centerville Md.

17.

(Burial, cremation, or removal, which?)

Date thereof

Dec. 4-1945

(month) (day) (year)

Cemetery or crematory

Centerville Cem.

Location

Centerville Md.

18. Funeral director

Edgar L. Lane

Address

Church Hill Md.

19.

(Date rec'd by registrar)

19

45Edgar L. Lane

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1- 1945, at 12-4 38 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Dec 27- 1945, to Dec 1 1945and that I last saw him alive on Dec 30 1945

Immediate cause of death

Peritonitis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

M. D. or other

Address Centerville Md Date signed 12/4-45

RECEIVED
DEC 17 1945
BUREAU V.B.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12656

Reg. Dist. No. 252

1. PLACE OF DEATH:

County Queen Anne'sCity or town Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? see Li file

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Queen Anne'sCity or town Rural Centerville
(If outside city or town limits, write RURAL and give nearest town)Street No.
(If rural, give LOCATION)2.(a) If veteran, name war none

3. (a) FULL NAME

Jessie Smallwood

3. (b) Social Security Number

4. Sex

Male

5. Color of face

Caucas

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Emma Jane Smallwood

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age years
1868

8. AGE:

77

Years

Months

Days

If less than one day

.....hrs.

.....min.

9. Birthplace near Centerville, D.C. Md.
(Town, county, and state)10. Usual occupation Farm laborer

11. Industry or business

FATHER
MOTHER

12. Name

Henry Smallwood

13. Birthplace

Centerville, Maryland

14. Maiden name

Mary Nichols

15. Birthplace

Queen Anne Co. Maryland

16. Informant

Burdley Smallwood

Address

Rural Centerville, Maryland

17.

Burial

Date thereof

Dec 30, 45

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Brownsville

Location

near Centerville, Maryland

18. Funeral director

Boston Bros

Address

Centerville Maryland19. 12-28- 19 45
(Date rec'd by registrar)Elice Armstrong
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

Dec. 28

19

45 at 3:45 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Dec 28

19

45 to Dec 28

19

and that I last saw him alive on Dec 28

19

Immediate cause of death

Labor Pneumonia

DURATION

?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Henry Fisher

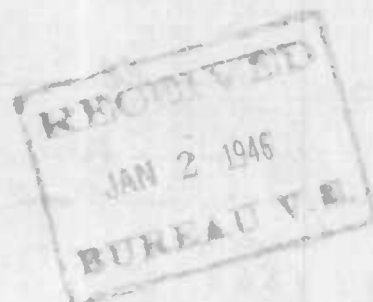
M. D. or other

Address

Centerville Md

Date signed

12/29/45



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 872

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County StevensvilleCity or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? Entire life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MD County JeffCity or town Charles
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Laura R. White

3. (b) Social Security Number

4. Sex Female5. Color or race W.6.(a) Single, married, widowed, or divorced Married6.(b) Name of husband or wife Bernard WhiteB.(c) If alive, give age 68 years7. Birth date of deceased (mo., day, yr.) Nov. 27 18778. AGE: Years 68 Months 1 Days 24 If less than one day _____ hrs. _____ min.9. Birthplace W.D.
(Town, county, and state)10. Usual occupation Dr. W.

11. Industry or business

12. Name Jos. P. Nomen13. Birthplace W.D.14. Maiden name Anna Amelia Bright15. Birthplace W.D.16. Informant Bernard WhiteAddress Charles W.D.17. Buried Date thereof Dec 26, 1945
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory StevensvilleLocation Stevensville Md18. Funeral director F. C. ThomasAddress Stevensville19. 12, 25 1945 F. C. Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 24 1945 at 10:30 A M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

May 20 1940 to Dec 24 1945
and that I last saw him alive on Dec 24 1945Immediate cause of death Hypertension

DURATION

2 yrs

Due to _____

Due to _____

Other conditions Acute paralysis agitated
(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE D. Charles E. Fryde M. D. or otherAddress Stevensville Md Date signed 12/25/45

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

AGE

SEX

RACE

EDUCATION

RELIGION

OCCUPATION

DATE OF BIRTH

PLACE OF BIRTH

DATE OF ENTRY

REMARKS

SIGNATURE

RECEIVED
JAN 7 1946
BUREAU V S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:

County Queen Anne'sCity or town Stevensville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 6 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Anne ArundelCity or town Eastport MD
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

William Gabez Wilkinson

3. (b) Social Security Number

4. Sex male5. Color or race white6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 10 18598. AGE: Years 86 Months 5 Days 22 If less than one day _____ hrs. _____ min.9. Birthplace Baltimore, Md
(Town, county, and state)10. Usual occupation retired

11. Industry or business _____

12. Name John Thomas Wilkinson13. Birthplace Unknown14. Maiden name Sarah Ellen Chambers15. Birthplace Md16. Informant Mrs. Norman S. BryanAddress Stevensville17. Buried Date thereof Dec 24 45
(Burial, cremation, or removal) (month) (day) (year)Cemetery or crematory StevensvilleLocation Stevensville, Md18. Funeral director Chas. A. LaneAddress Chas. A. Lane19. 12 22 19 45 W. C. Thomas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

2D. DATE OF DEATH December 22 19 45 at 10 P21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 21 19 45, to Dec. 22 19 45and that I last saw him alive on Dec. 22 19 45

Immediate cause of death _____ DURATION _____

myocardial degenerationDue to coronary occlusion Dec. 22 1945Due to Senility

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Sever Sattelmeier M.D.Address Stevensville M. D. or other _____Date signed 12/23/45

NAVY AND ARMY DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

JAN 7 1946

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 45-6

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:

County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 4 yearsHospital, institution, or street address where death occurred:
Home

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HarfordCity or town Harford
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)2.(a) If veteran, name war ✓

3. (a) FULL NAME

Josephine P. Wilson

3. (b) Social Security Number

4. Sex Female 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Samuel Wilson7. Birth date of deceased (mo., day, yr.) Oct 5 19016. (c) If alive, give age 41 years8. AGE: Years 44 Months 2 Days 27 If less than one day _____ hrs. _____ min.9. Birthplace Greenwood
(Town, county, and state)10. Usual occupation Walker11. Industry or business Eddie Welch12. Name Edna Welch13. Birthplace Harford14. Maiden name Sharon Jones15. Birthplace Greenwood16. Informant Samuel WilsonAddress Chertown Rd17. Burial Date thereof Dec 5 1945
(Burial, cremation, or removal. With?) (month) (day) (year)Cemetery or crematory PondtownLocation Pondtown Ind.18. Funeral director Edgar L. LaneAddress Church Hill Rd19. Dec 3 19 45 Edgar L. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 1 19 4521. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1 19 45 to Dec 1 19 45and that I last saw him alive on Dec 1 19 45Immediate cause of death Memorized

DURATION

Due to encephalitis

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operation ✓

Date of op. _____

Autopsy results ✓

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of _____Where did injury occur? ✓ (City or town) (County) (State)Injured at home, farm, industry, public place (where?) ✓Means of injury ✓ Injured at work? ✓23. SIGNATURE Samuel Wilson

M. D. or other

Address Church Hill Rd Date signed Dec 3

RECEIVED 20 NOVEMBER 1945

UNITED STATES DEPARTMENT OF DEFENSE

DEC 17 1945

BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 526

CERTIFICATE OF DEATH

Reg. Dist. No. 12660 251

1. PLACE OF DEATH:

County Chesapeake
City or town Chesapeake
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 weeks
Hospital, institution, or street address where death occurred:
No
How long in hospital or institution? None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For foreign infants give residence of mother)
State Virginia County Stafford
City or town Chesapeake, Va
(If outside city or town limits, write RURAL and give nearest town)
Street No. None
(If rural, give LOCATION)
2. (a) If veteran, name war None

3. (a) FULL NAME

Edward M. Mason

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Single

6. (b) Name of husband or wife None

7. Birth date of deceased (mo., day, yr.) Nov 13, 1875 6. (c) If alive, give age 70 years

8. AGE: Years 70 Months 3 Days 12 If less than one day hrs. min.

9. Birthplace Baltimore, Md
(Town, county, and state)

10. Usual occupation None

11. Industry or business None

12. Name Edward M. Mason

13. Birthplace Baltimore, Md

14. Maiden name None

15. Birthplace Baltimore, Md

16. Informant Chesapeake, Va

Address Chesapeake, Va

17. Burial, cremation, or removal, (When?) Burial Date thereof Dec 28 45
(month) (day) (year)

Cemetery or crematory Centerville Cem.

Location Centerville, Md

18. Funeral director Edgar L. Lane

Address Church Hill Ind.

19. Dec 25 45 E. L. Lane
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 24 45 at 10 p M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 10 19 45 to Dec 24 45 and that I last saw him alive on Dec 24 45

Immediate cause of death Heart & coronary arteries DURATION 5 1/2

Due to None

Due to None

Other conditions Coronary thrombosis & MI

(Include pregnancies within 3 months of death)

Major findings of operations None

Date of op. None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide None Date of None

Where did injury occur? None
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury None Injured at work? None

23. SIGNATURE James S. Dudley M.D. or other Dec 24 45

Address Chesapeake, Va Date signed Dec 24 45

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

JAN 19 1946

BUREAU V.S.